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## EDITORIAL COMMENT



### NURSING EDUCATION: THE SHORTAGE IN PROBATIONERS

DURING the month we have been giving much thought and study to the causes of the reported marked falling-off of applicants for training in the nurse schools. We have had the opinions of a number of women who are actively engaged in hospital work, and have had many ideas and suggestions advanced from conservative, thoughtful women in different lines of nursing work, which we embody in these comments. It is impossible to go very fully into so broad a subject in the space allotted to an editorial, but we think those interested will understand our motive in stating the bald truths in regard to the responsibility of the hospitals for this shortage.

In going back thirty-five years, to the beginning of the training-school movement in this country, we find very different economic conditions for women. Teaching, sewing, clerkships, housework, were practically the only respectable occupations open to them. The idea of higher education for women was just developing. Public school education had so broadened the intelligence of the average American and Canadian girl that she rebelled against dependence upon the male members of her family, as had been the custom for generations, if a woman was unmarried; and the establishment of training-schools provided not only a respectable occupation by which she might become self-supporting, but appealed to the spirit of self-sacrifice which is inherent in every woman's nature. Consequently, the hospital training, with its vitally interesting opportunity for personal service, became a popular field of labor to a great multitude of unoccupied women of fair education and good family. The long hours of hard manual labor, crowded quarters, and poor food were endured with enthusiasm born of the self-sacrificing

spirit, the absorbing interest of the work, the somewhat sentimental attitude of the public, and the fact that the moderate money allowance made it possible to meet the expenses of clothing while one was acquiring a means of independence for the long future. The tremendous reforms that came about in the hospitals as a result of the superior service afforded by the pupils of the schools made the executive positions a most interesting and satisfactory field of work to a large class of educated women who possessed administrative and teaching ability, and who made up the great group of pioneer superintendents who, steadily and without faltering, have carried forward the work of bettering the conditions of living for the nurse in training, and have struggled to provide for her the education in nursing which was promised when the training-schools were first opened—a promise which very few hospitals have fulfilled.

In this thirty-five years economic conditions for women have undergone such a wonderful change that it is said there are now only three lines of work that may *not* be occupied by women. Many kinds of work give to educated women of the same class that nurses are drawn from equal remuneration when estimated as an annual income, with an eight- or nine-hour day, forty-eight or fifty-four hours per week. Stenographers, private secretaries, librarians, national and state employees, work from nine to five, or less, with half a day on Saturday, all day Sunday, and every evening free, while nurses in the hospitals average ten hours a day, and in some instances from twelve to fifteen. As Sunday brings no lessening of suffering to the sick, it brings no rest to the nurse, who, after her six days of ten hours, continues to labor just as many on the seventh. There are a few hospitals where the nurses work but eight hours a day, just as there are training-schools that have separate residence buildings for their nurses, and have awakened to the importance of giving an equivalent in education as a return for service; but they are exceptions and notably rare.

The women who have been ten, twenty, or thirty years engaged in nursing work have come to realize that it is the hardest life that a woman of intelligence is called upon to live. The education the hospital has promised in return for service is often of a very meagre kind, and "wise" economy usually makes the nursing service and the food the first points of retrenchment. In private duty, twenty-four hours out of the twenty-four when the case is critical, and eighteen out of the twenty-four when the case is easy, seems to be about what is generally expected of the nurse. One hundred and twenty-six hours per week is longer than those required of women workers of the lowest order of intelligence. As a consequence, we find great numbers of nurses now in the field who

refuse to recommend "nursing" to younger sisters or nieces, or the daughters of old friends, and educated young women who have studied the economic situation before choosing an occupation naturally avoid the one which makes the greatest demands, but gives the least personal liberty, of all the occupations open to women.

The conditions under which the nurse secures her education, and under which she lives and works, have not kept pace with the progress of general education and with the conditions of living of other classes of workers. The responsibility for this rests not with the nurses themselves, but with the managers of the philanthropic institutions with which the training-schools are connected.

Comparing these conditions with the great business opportunities of to-day, with the commercial spirit which seems to predominate among every class of people, we think it is not difficult to understand why thousands of women who formerly turned to nursing as almost the only available means of support are now entering other lines of occupation.

#### OTHER REASONS

There are, however, a number of special reasons which may, at this time, be contributory to the lessening popularity of nursing as an occupation. The three years' course, with the non-pay system, was universally established in the schools about the time that the state registration movement began. This reform came about through the concerted efforts of the superintendents of the training-schools, as a means to three separate ends: First, by lengthening the term of service to three years, it was understood that the number of nurses would be increased; and this, together with the employment of more ward maids to do that part of the housework of the hospital that has no relation to nursing the sick, would materially lighten the domestic drudgery. Second, with these conditions complied with, time and strength would be afforded for instruction, study, and reasonable recreation. Third, by the non-pay system, the hospital would not be financially embarrassed in complying with these conditions.

The nurse in the third year has gained so much in experience and poise that no one who has watched the development under honest conditions can for a moment doubt the tremendous value of the longer term.

But, we would ask, how many of the great multitude of small private and politically and commercially governed hospitals, which have eagerly availed themselves of the third year of skilled service afforded by the three-year plan, have shortened the hours by adding to the force,

lightened the drudgery by employing more ward maids, or paid for skilled teachers and instructors with the money saved by the non-pay system?

#### THE EDUCATIONAL TEST

To what extent the preliminary educational requirements and the examinations established by state registration are contributory to the decrease of applicants, no one can yet say. The Board of Nurse Examiners in New York State are making some investigations along these lines for their own guidance, and the report of the Education Department, which is now in press, will show to what extent the law is being complied with, and the result.

#### THE EFFECT OF RETROGRADE MOVEMENT

We believe the time has passed when shortening the course and restoring the old conditions of long hours, household drudgery, and haphazard instruction, will restore nursing to its former popularity. There is only one way in which this will ever be done, and that is by the course approved by the great multitude of women now in the nursing field, viz. by giving to nursing an educational status that will remove the stigma of social ostracism and lead to professional recognition; and by relieving the terrible physical strain caused by long hours and hard labor, both in hospitals and private duty, so that a woman with ordinarily good health may work out her days in caring for the sick.

We believe that no training-school can prosper when its great body of graduate nurses openly disapprove of the conduct of the school. There can be but one object for a return to the two years, and that a commercial one. This, when so openly declared, will have the effect of scaring away the most desirable applicants to schools of the highest grade and which maintain just conditions.

#### ACTION TAKEN BY ALUMNÆ ASSOCIATIONS

The Alumnae Associations of the New York, Roosevelt, and Bellevue have sent resolutions to the managers of their training-schools, protesting against the abandonment of the three years' course of training. Although Bellevue has not yet declared its intention of taking this back-step, it is considering the matter seriously, and has sent out the following circular letter to the superintendents of the hospitals of the state:

Several of the training-schools for nurses in this city are now considering the relative merits of a two years' course and a three years' course for training

nurses, and we shall be very much obliged to you if you will let us have any information and suggestions that you can give us upon the following points:

1. Have you ever had a two years' course of training in your school, and if so, what were your reasons for changing?

2. Do you find the three years' course entirely satisfactory, and, if not, what are your objections to it?

3. Under what conditions, if any, other than those of your school at present, do you consider that a two years' course would be preferable?

4. Do you think that the advantages of a three years' course could be obtained by adding to a two years' course an optional graduate course of from six months to a year, with a different form of diploma to be given to the graduates of the longer course?

5. Do you find any difficulty in securing a sufficient number of applicants to take a three years' course?

6. Do you believe that the number of applicants for training would be increased by the shortening of a course from three years to two?

The Visiting Committee considers the question of the length of nurses' training of the highest importance, and we shall greatly appreciate any information that you may be able to give us.

COURTENAY DINWIDDIE, Secretary.

Where the superintendents are nurses, we feel quite sure the majority will stand for the three years, but in an agitation of this kind many of the smaller schools may follow blindly the leadership of the larger hospitals, which are supposed to give the best training, although, as is now being shown by the examinations, they do not always do so.

If we could be sure that with the return to the three years we would have a uniform reduction of hours, an increase in the number of nurses and ward maids, a sufficient number of paid instructors, and time for study, we would not consider the change a very serious setback in nursing education; but this would mean commercially such a serious loss to the hospitals that we cannot believe in the honesty of the motive for such a step on the part of the promoters of the plan.

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### PROGRESS OF STATE REGISTRATION

THE New Hampshire bill for the state registration of nurses was signed by the governor, and in the report of the New Hampshire state meeting, which will be found on another page, are given the names of the first Board of Nurse Examiners—women whom we know personally to represent the highest ideals in nursing, and who will administer the law justly and with moderation.

The Connecticut law has been attacked through the legislature,

through the influence of a male nurse who was denied registration by the Board of Examiners, as being ineligible under the conditions of the statute.

The West Virginia bill was pronounced unconstitutional by the governor, and returned to the legislature for amendments. What its fate will be cannot yet be determined.

From Indiana, we have only a newspaper clipping as authority for the statement that the education requirement of a high-school diploma has been reduced by the legislature to that of a grammar-school.

In Pennsylvania the public press has shown a kind of opposition more malicious and vindictive than has been found in any of the other states since the registration movement began. In the name of the medical profession, facts and standards have been falsified and misrepresented to an extent which lowers one's respect for the honesty of the men who have taken part in the opposition.

In North Carolina an amendment to the bill was passed on March 5th, which makes it now read:

That after January 1, 1904, it shall be the duty of said Board of Examiners to meet not less frequently than once in every year, notice of which meeting shall be given in the public press. At such meetings it shall be their duty to examine all applicants for license as registered nurse, of good moral character, who can prove to the board that he or she is more than twenty-one years of age, has received the equivalent of a high-school education, and has graduated from a training-school connected with a general hospital or sanitarium, where three years of training, with a systematic course of instruction, is given in the hospital.

Examinations will be held in the elements of anatomy, physiology, materia medica, in medical, surgical, obstetrical, and practical nursing, invalid cookery, and household hygiene, and if on such examination they be found competent, to grant each applicant a license, authorizing her or him to register as hereinafter provided, and to use the title "Registered Nurse," signified by the letters "R.N."

The said Board of Examiners may, in its discretion, issue license without examination to such applicants as shall furnish evidence of competency entirely satisfactory to them. Each applicant, before receiving license, shall pay a fee of five dollars, which shall be used for defraying the expenses of the board.

The educational requirements are now raised to a high standard, which places North Carolina in the first rank in state registration. This is splendid progress, and may give courage to those now meeting with all sorts of opposition.

The Texas nurses have organized a State Association, making twenty-six states in which the nurses are banded together, all working for the same end—namely, state registration of nurses.

## WOMEN'S MEDICAL SOCIETY OF NEW YORK STATE

THE women physicians of New York organized a state medical society at Rochester, on the birthday of Dr. Sarah R. Adamson Dolly, March 11, 1907. This society is organized with the distinct understanding that it is not to divert interest from the Medical Society of the State of New York, but rather to encourage greater activity in organized work, and to bring the women physicians more closely together socially and for mutual helpfulness. It seems remarkable that Iowa is the only other state with an organization of this kind.

Dr. Dolly is one of the pioneers among the women in medicine, having graduated from the Central Medical College of Syracuse and Rochester in 1851, two years after Dr. Blackwell was granted a degree from the Geneva College. She is now seventy-eight years of age, and is still actively practicing her profession. She has always been one of the unseen forces for the advancement of women in medicine.

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## THE MEETING AT RICHMOND

It is exceedingly difficult for the committee of arrangements to give, so far in advance, a complete programme of the meeting to be held this year in Richmond, as there are many sub-committees to be heard from. Then, too, the exposition at Jamestown is such an attraction that plans must be arranged so as to allow opportunity for the members and delegates to include a visit to it in the trip.

In the May JOURNAL a clearer outline of the programme will be given. We are assured, however, by the president, Miss Damer, that the arrangements that are being made give promise of a most unusually interesting series of meetings, that the social entertainment will be of a delightful character, and that the Richmond nurses are planning a boat trip down to Jamestown which will add much to the pleasure of the occasion.

Those who attended the World's Fair in Chicago and the Exposition in Buffalo will appreciate the opportunity of again combining with a great nurses' convention the interests of a national exposition. The Jamestown celebration, being historical in its scope, will be very unlike any other of the kind ever held in this country. The season of the year is ideal for a visit to the Southern country, and the noted hospitality of the Southern people will give an added charm to this the tenth convention.

We want to urge every nurse who is planning to take a vacation this summer to do so at the time of the Richmond convention, that there may be a great gathering of members to avail themselves of all the interests and pleasures that it will afford, and also that there may be a widely representative group of women to take part in the discussions of subjects of especially vital importance to the nursing body as a whole at this time. There has never been a year when we needed closer coöperation, with an intelligent understanding of all the forces at work for the upbuilding as well as the destruction of nursing standards. The inspiration to be gathered at one of our national conventions cannot be measured in words. Let us have a great meeting at Richmond, that we may gain strength from the force of members, courage from the wisdom of the experienced leaders, and enthusiasm from the great army of younger nurses who are preparing to lift the load as the years roll by and the pioneers drop more frequently out of sight.

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### AN INJUSTICE TO WOMEN IN MEDICINE

THE completion of the new buildings of the Woman's Hospital in New York City, some idea of the magnificence of which can be gathered from Dr. Goffe's paper and the photographs in this JOURNAL, makes one naturally wonder why a hospital established by women, for the exclusive treatment of women, should not give recognition to women physicians; and we find that in "Women's Work in America," a book published some ten years or more ago, Dr. Mary Putnum Jacobi, in the chapter on "Women in Medicine," makes this comment:

When the New York women organized the Woman's Hospital for Dr. Marion Sims, they framed a by-law which has since passed into oblivion, to the effect that the assistant surgeon should be a woman. Emily Blackwell was the woman who should have been chosen. She had an education far superior to that of the average American doctor of the day, a special training under the most distinguished gynecologists of the time, Simpson and Huger, and had received abundant testimonials as to capability. While there was really not another person in New York possessed of either such opportunities or such special testimonials, the overtures were rejected. Dr. Sims passed by these just claims to recognition, and evaded the mandatory by-law of his generous friends in a way that is most clearly shown in his own words: "One clause of the by-laws provided that the assistant surgeon should be a woman. I appointed Mrs. Brown's friend, Henri L. Stuart, who had been so efficient in organizing the hospital. She was matron and general superintendent." ("Story of My Life," by Marion Sims, p. 209.) It would have been an act both graceful and just on his part at this crisis to have shared his opportunities with the



two women who, like himself, had been well buffeted in an opposing world, and whose work and aspirations were so closely identified with his own; but this he failed to do, and the lost opportunity made all the difference to the pioneer women physicians between brilliant and modest, between immediate and tardy, professional success.

We are more than delighted to welcome the opportunity which the Woman's Hospital offers for post-graduate experience and affiliation with other schools, but we hope to hear that in the reorganization of this hospital women physicians are to be given the recognition that the original donors intended them to have.

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### OBITUARY NOTICES

THERE still seems to be some misunderstanding in regard to the publication of formal resolutions in this *JOURNAL*, and we wish to explain again to our readers that it was decided a year ago, after very careful consideration, that the form of the resolution of sympathy adopted by the alumnae associations to be sent to the family should not be used in the obituary notices published in these pages, but instead an announcement of the time and place of death, with a sketch of the nurse's work, showing her service to the public and to her profession. Many of the formal resolutions come to us without dates or any facts bearing upon the professional side of the nurse's work, so that such announcements as we are able to make seem very meagre, unless the editor happens to know personally something of the life of the nurse. We wish to record in the *JOURNAL* the death of every woman who has been enrolled as a member of the great nursing fraternity, and in order to do this we must have facts, and give these facts as concisely as possible.

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### ANOTHER NURSING TEXT BOOK

As we go to press the announcement is made of the publication of another text book in nursing from the pen of one of our best known practical teachers, Miss Anna C. Maxwell of the Presbyterian School for Nurses of New York City, in collaboration with Miss Amy E. Pope. The book will be put out by Messrs. G. P. Putnam's Sons and will be reviewed in our next number.

As a teacher Miss Maxwell's strongest work has been in the careful detail of the practical side of the nurses training and her book cannot fail to become a very valuable addition to our nursing literature.